

**Telephonic Appearance Request**  
**Attn: Chambers of the Honorable Robert E. Littlefield, Jr.**  
**FAX # 518-431-0192**

**\*\*\*DO NOT ECF FILE THIS REQUEST\*\*\***

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date/Time of Hearing: \_\_\_\_\_

Name of Party/Attorney Requesting Phone Appearance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number to Contact Party/Attorney: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved:**

**Not Approved:**

**\*\* If approved e-file & fax confirmation letter w/contact information.**